

Governing Body Meeting Date: 5 December 2013



**Harrogate and Rural District
Clinical Commissioning Group**

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1. Title of Paper: Sustainability Development Management Plan

2. CCG Corporate Objectives supported by this paper

	CCG Corporate Objective	Tick
1	Engage and enable local people to be involved in decisions made about the healthcare we commission	
2	Commission services to ensure and improve quality and safety of services and improve outcomes	
3	Achieve a sustainable Health Economy	√
4	Deliver transformational service change	
5	Develop strong and mature partnerships	√
6	Develop a strong, sustainable and successful CCG	√

3. CCG Values Underpinned in this paper

	CCG Values	Tick
1	Respect and Dignity	
2	Commitment to Quality of Care	
3	Compassion	
4	Improving Lives	√
5	Working Together for Patients	√
6	Everyone Counts	√

4. Executive Summary

The NHS has committed to reducing its carbon footprint by 10% by 2015, in line with the UK Climate Change Act, and this covers all emissions from procurement, travel, waste and buildings. Adapting to climate change is also a necessary strategy, particularly the impact on the health and social care system of heat waves, flooding and harsher cold snaps. The attached is the CCGs initial Sustainable

Development Management Plan which details why sustainability is important, what steps the CCG has already taken in relation to sustainable development and key objectives.

Sustainability has been defined as meeting the needs of today without compromising the needs of tomorrow. It consists of three key areas: Social, Economic and the Environment and the core of sustainability is about striking a balance between them when making commissioning decisions. The CCG can use the commissioning cycle through service design, service specifications, tendering and contracting to increase sustainability, at the same time as improving quality, to save money, save resources and benefit patients and staff.

5. Any statutory / regulatory / legal / NHS Constitution implications

The NHS is subject to a number of policy and legislative drivers for sustainability, which are outlined in Appendix 2 of the plan. There are risks to the future sustainability of the health system if we do not strike the right balance between social, economic and environmental sustainability.

6. Equality Impact Assessment

An Equality Impact Assessment has been undertaken. The plan would have an equal impact on all users and implementation should ensure that inequalities are reduced rather than widened.

7. Implications/Actions for Public and Patient Engagement

This plan will benefit all users of health services in Harrogate and Rural District but patients and local people have not been directly involved in the development of the plan. They will be involved in the implementation of the plan,

8. Recommendations / Action Required

The Governing Body is asked to support the approach to sustainability outlined in the plan and note that the Good Corporate Citizen Assessment will inform the next phase of action planning.

9. Assurance

This SDMP will be reviewed and updated annually and a report on progress will be received by the Governing Body in December 2014.

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*Harrogate and Rural District
Clinical Commissioning Group*

Sustainable Development Management Plan

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1 INTRODUCTION

Over recent years, the impacts caused by climate change, such as adverse weather conditions, are becoming ever more evident. These impacts can cause significant disruptions, affecting each and every one of us. As a CCG we are committed to the sustainability agenda and are aware of our Corporate Social Responsibility. We have developed this plan in response to NHS guidance. Nationally, the NHS is responsible for over 3% of all emissions. In order to take its full part in national action to mitigate climate change, the NHS has been set the challenge of cutting its carbon emissions by 80% by 2050 against 1990 levels.

With the demanding financial and operational challenges we face, we see that there are financial, social and environmental benefits to working in a more sustainable way and we can use our role as a commissioning organisation to lead the development of low carbon healthcare in the future.

This **Sustainable Development Management Plan** sets out the current position of the organisation. Our **Integrated Commissioning Plan** sets out our credible plan for delivering our vision for health services that meet the need of Harrogate and Rural District residents. It recognises the challenge in ensuring that services are affordable and sustainable within a NHS environment, with little or no financial growth, increasing demand on services, the need for locally provided services and a reduction in funding of other public services.

By 2014 the CCG aspire to deliver real change for our patients by:

- Patients receiving more care closer to their home in a primary/community care setting.
- Services jointly commissioned with partner organisations and delivered through integrated care models.
- Supporting greater self-care including the use of technology where appropriate.
- Improved standards of care for all Harrogate and Rural District patients and reducing inequalities in health outcomes.
- Empowered patients making decisions about appropriate access and choice of services and healthy lifestyle behaviour.

These priorities are aligned to our **Quality, Innovation, Productivity and Prevention (QIPP)** programme and details of the specific Schemes are included in our Integrated Commissioning Plan.

The transformation the CCG aims to achieve will require a shift of resources across the health system; the challenge will be to do this at scale, without significant resources to pump prime initiatives. The overarching vision of the CCG is to take a whole system approach with significant partnership working with all local authorities within its boundaries and a collaborative approach with its main acute and community provider Harrogate and District Hospitals NHS Foundation Trust.

2 WHAT IS SUSTAINABLE DEVELOPMENT?

Sustainability has been defined as:

*'Development that meets the needs of the present without compromising the ability of future generations to meet their own needs'*¹

Commissioning for Sustainable Development is the process by which commissioners improve both the sustainability of an organisation, and the way it provides services and interacts with people in the community. It is about striking the right balance between the three key areas of financial, social and environmental sustainability when making commissioning decisions.

Commissioning for Sustainable Development:

- saves money
- saves resources
- benefits staff and patients

3 WHY IS SUSTAINABILITY IMPORTANT?

Being sustainable will help us meet the challenges facing the NHS:-

- We have an increasingly ageing population with multiple health needs.
- A diverse population (e.g. black and minority ethnic).
- The cost of new medical technology is rising.
- People have higher expectations around clinical outcomes and user experience.
- We are working within financial constraints.
- We need to use diminishing resources wisely.
- The climate is changing, bringing more extreme weather which has an impact on health and health service delivery.
- We have a legal duty to cut carbon emissions. The **Climate Change Act 2008** is a long term legally binding framework to reduce carbon emissions, mitigate and adapt to climate change. Organisations are required to meet the following UK Climate Change Act Targets - reduction in CO₂e² by 2050 (1990 baseline):
 - 34% by 2020
 - 50% by 2025
 - 80% by 2050.

In addition the NHS has a separate short-term NHS target of 10% reduction by 2015 based on a 2007 baseline.

¹ from the World Commission on Environment and Development's (the Brundtland Commission) report Our Common Future (Oxford: Oxford University Press, 1987).

² CO₂e refers to six greenhouse gases: Carbon dioxide; Hydrofluorocarbons; Methane; Nitrous oxide; Perfluorocarbons and Sulphur hexafluoride. The NHS now measures its carbon footprint in CO₂e so we are in line with latest conventions.

4 WHAT CAN A CCG DO ABOUT IT?

“The NHS has the potential to touch almost every person in this country. By demonstrating how to reduce carbon emissions and promoting healthy, sustainable lifestyles, the NHS can lead the way to a healthier, happier society.”

Neil McKay Chief Executive, NHS East of England (2008)

How can CCGs shape a more sustainable NHS?

1. By developing a “whole systems” approach to commissioning.
2. By understanding their role in improving the sustainability of healthcare.
3. By using the commissioning cycle to increase sustainability and to implement the NHS Carbon Reduction Strategy.

Clinical Commissioning Groups can also factor in the additional priorities:

- Set objective sustainability measures and targets for providers in contracts.
- Assess provider sustainability performance at performance management meetings.
- Consider providers’ sustainability credentials as part of tendering process.
- Maintain regional oversight of health system carbon emissions.
- Work with local authorities, providers and health and wellbeing boards to reduce health system carbon emissions.

5 WHAT DOES THIS MEAN FOR HARROGATE AND RURAL DISTRICT CCG?

Harrogate and Rural District Clinical Commissioning Group (CCG) is the NHS organisation that commissions (or buys) health services for the residents of the Harrogate and Rural District locality. We represent 19 GP practices and serve a resident population of approximately 160,000 people.

It is a fairly rural district with a population density of 121 people per km squared, well below the national average of 401. It has three major towns or settlements with a population over 15,000; Harrogate town (74,720 people), Ripon (17,180 people) and Knaresborough (15,410 people).

The population in Harrogate and Rural District is increasing and ageing with a projected population of 173,100 by 2035. The population of older people (65 and over) is expected to increase from 19.4% in 2010 to 30.2% by 2035 while the population aged 0-19 years is expected to fall from 23.2% to 20.3% over the same period. The population is mostly affluent with above average life expectancy and good health. This population has high expectations and demand on local health providers is high. However, there are pockets of deprivation where one Lower Super Output Areas (LSOAs) within the ward of Woodfield is ranked within the 20% most deprived in England.

Our vision

“We will secure high quality services, in the most appropriate setting, making maximum use of available resources. Through clinical leadership and collaborative working we will achieve the best possible health outcomes for all our local population.”

Our Aims

- To develop a strong and sustainable clinically-led commissioning group.
- To use the resources we have to drive continuous improvement in service quality and patient outcomes.
- To promote health and wellbeing for our population through a strong public health message, advocating self-care and embracing the Health and Well Being Strategy.

Our strategic priorities

Harrogate and Rural District CCG has four overarching strategic priorities that require specific focus in our local area. These are:

- Long Term Conditions and Urgent Care.
- Planned, safe and effective care.
- Vulnerable people (which included mental health commissioning).
- Health and wellbeing (which includes healthy living and prevention).

These strategic priorities are the focus of our one year plan and five year ambition.

6 WHAT ARE WE DOING ABOUT SUSTAINABILITY?

6.1 Governance

- The CCG has looked at examples of similar plans developed by other Clinical Commissioning groups and NHS organisations and has used them as a guide to developing our own Sustainability Development Management Plan (SDMP).
- We have appointed a Governing Body level executive, Amanda Bloor, Chief Officer and Senior Manager, Jane Baxter Head of Commissioning, to lead the organisation in developing a sustainability action plan.
- The risk of not adapting sufficiently to climate change will be reviewed through the CCG risk management process.
- This SDMP will be reviewed and updated annually as appropriate.
- Sustainability will be included in the CCG Annual Report.

The **Good Corporate Citizenship (GCC) Assessment Tool** is designed to help organisations think about how they can contribute to sustainable development by:

- Putting social, economic and environmental considerations at the heart of decision making.
- Ensuring day to day activities support, rather than hinder, progress with sustainable development.
- Using their purchasing power, influence and resources to help deliver strong, healthy and sustainable communities.

We will utilise the GCC Assessment Model to derive a baseline position for the CCG and identify areas for improvement.

6.2 Working with others

The CCG is lean in managerial terms and we will rely on empowering and enabling stakeholders, particularly our members and staff, but also our partners, to contribute effectively to the delivery of shared organisational goals. We believe that partnership development acts to optimise use of resources and increases creativity and

innovation. However, it also means trusting them and when the situation demands, letting go.

We have developed a Communications and Engagement Strategy which positions us as the local leader of the NHS, working alongside other NHS trusts, partners and members of the public. It describes how, led by our clinicians and management in partnership, we will ensure that patient and public views systematically inform:

- The planning of healthcare services.
- The development and consideration of proposals for changes in the way services are provided.
- Decisions affecting the operation of those services.
- Our commissioning decisions.

Health and Wellbeing Board

We are committed partners on the North Yorkshire County Council (NYCC) led shadow Health and Wellbeing Board and have worked in partnership with them to refresh the Joint Strategic Needs Assessment (JSNA) and a contributor to the Health and Wellbeing Strategy. We will also involve public health professionals from the Local Authority in our commissioning to ensure that we buy the health services that will best improve our populations' health and reduce inequalities. We will also work with them to ensure that health improvement activities promote sustainable development across health and social care, particularly in the design and delivery of services and develop Health and Wellbeing strategy for North Yorkshire.

Framework Agreement to Promote the Integration of Health and Care Services in North Yorkshire and the City of York

The Framework Agreement reflects the commitment of local government and NHS commissioners in North Yorkshire and the City of York to work together bring services together to significantly improve outcomes and eliminate the fragmentation of services across health, care and support for patients, service users and carers. We will also work with neighbouring councils who share a CCG population with us (principally City of Bradford and East Riding of Yorkshire).

We are jointly committed to developing a person-centred and integrated approach to health and social care for the population we serve so that, irrespective of the complexity of our organisations and boundaries, their needs come first. We propose to make the National Voices narrative - "I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me" – central to delivering and commissioning care at all levels of our organisations.

This Framework sets out a consistent approach to the key issues of governance, accountability, leadership and resources. Within this Framework, models for integration of commissioning and services will be developed, appropriate to the group, activities and locality.

Parallel implementation plans will be developed at the appropriate level of commissioning activity (whether whole authority or CCG level), setting out intentions and timescales.

Work is already underway at a local level in different parts of North Yorkshire and York to experiment and learn how integration can be developed and sustained within local teams. This includes local programmes of organisational development where staff from different organisations have been brought together to build a shared sense of identity and the agreement of common priorities and solutions. Taking forward and properly embedding such large-scale organisational development and change will require continued commitment and energy over an extended period.

6.3 Reducing Carbon

6.3.1 Travel Plan

We support opportunities for telephone, web and videoconferencing to reduce the need for travel and will promote other initiatives to reduce car usage e.g. active travel. We will use our commissioning role to change the way services are delivered that will reduce travel for patients, providing more care closer to home.

6.3.2 Procurement

The CCG is committed to putting the patient first in all of its procurement activities. While procuring patient centred services the CCG recognises that it has a key role to play in it the achievement of wider social obligations. As a result the CCG has developed an over-arching approach to Sustainable Procurement. Sustainability within procurement includes:

- **Social Sustainability:** Social Sustainability is a key consideration for the CCG as the providers, contractors and supply chain partners who deliver our services employ significant workforces. The workforce maybe locally, nationally or internationally based. The CCG will ensure that its providers, contractors and supply chain partners are committed to good work force management, meeting legal and ethical working requirements, offering fair employment conditions and delivering high levels of health and safety.
- **Economic Sustainability:** The CCG is committed to playing its role in the development of a sustainable local economy. This requires a range of small, medium and large providers who can contribute to the local economic health. We support a strong, self-sustaining voluntary and community sector; promoting resilience, innovation and creativity.
- **Environmental Sustainability:** The CCG is committed to reducing its environmental footprint and increasing its use of renewable resources.

The CCG takes social and environmental factors into consideration alongside financial factors in making decisions on the purchase of goods and the commissioning of services. Our purchasing decisions where practicable consider whole life cost and the associated risks and implications for society and the environment.

Procurement can make a significant contribution to our goals of sustainable economic development and resource minimisation by ensuring that the goods and services we buy consider optimum environmental performance. Procurement has an additional role to play in minimising any risk of social exploitation within the supply chain.

The NHS standard contract requires providers to report performance against their carbon reduction management plan and provide a summary in their annual report.

We will ensure sustainable procurement is gradually embedded into tender and contact management especially for key areas such as energy, waste, water and transport, through the use of the Sustainable Procurement Policy. We will commit to the development of key performance indicators for sustainable procurement performance monitoring across the supply chain.

6.3.3 Workforce

We will be supported by the North Yorkshire and Humber Commissioning Support Unit across many of our human resources responsibilities but this does not detract from our own commitment to recruiting the best people, to developing them and to supporting them and paying attention to their wellbeing.

We have a number of relevant Human Resource Policies in place including: Career Break Policy, Flexible Working Policy, Induction Policy, Maternity Leave Guide and Policy (includes adoption leave), Promoting Mental, Well-being and Managing Stress in the Workplace, Remote Access and Home Working, Special Leave Policy (including paternity and parental leave), Substance Misuse Policy, Training and Development Policy.

6.3.4 Community Engagement

Improving health services for our population is not only the responsibility of the CCG, it's also down to the people who live in and use health services in the Harrogate and Rural District area. We have developed a strategy for engaging and involving people to enable us to listen, learn from experiences and use this insight to guide what we do. We want to offer people a genuine opportunity to influence local NHS commissioning so we plan to run focused engagement exercises for projects that fall under each of the CCG's four strategic priority areas.

Engagement work in Ripon, for example, has involved the public, schools, churches; city, district and county councils and councillors, leisure services, the local hospital and community health provider, mental health services and the CCG looking at how to work together to offer a variety of services to the community. It demonstrates a level of engagement with service users and carers, which will need to be carried across to all of our integration work, if it is to succeed.

In March 2013 an event was held bringing together North Yorkshire County Council, Harrogate District NHS Foundation Trust; Harrogate and Rural District CCG; Harrogate Borough Council; Tees, Esk and Wear Valleys NHS Foundation Trust; local GP providers. The focus was on developing a shared model which supported wellbeing but also provides supported accommodation and health and social care as required by the local community. There is a shared commitment to working in partnership between the organisations involved in the work.

As a result of the workshop these organisations have a 'blueprint' which proposes a new community hub in Ripon for supported accommodation, health and social care services and also enhances the services at the leisure centre site to promote and

support wellbeing. We are now collectively exploring whether we can progress this into a high quality, affordable and sustainable model of local services.

6.3.5 Buildings

The NHS has the largest property portfolio in Europe, according to the NHS Sustainability Development Unit. Decisions about the planning, design and construction of new buildings, and the refurbishment of existing ones, are important opportunities to contribute to health and wellbeing, and to a more sustainable NHS. Since July 2008, there has been a formal requirement to apply the BREEAM Healthcare environmental and sustainability standard to healthcare building and refurbishment projects above certain capital thresholds.

While the CCG has no estate of its own it does have a commissioning role for example listening to the views of the local community on their needs from healthcare buildings. The Ripon 2020 Project was launched at a 'World Café' event 7 March 2012 with a subsequent 'Visioning Event' in April 2012. A wide spectrum of stakeholders was involved in addition to NHS Commissioners.

The Healthy Ripon Leadership Group has now been established and will take forward this project with the following summary of objectives:

- Review estates and develop a vision for community buildings and capital assets across Ripon.
- Review the use and functionality of beds in Ripon Hospital and in the wider community.
- See stakeholders (including staff) as a creative resource in developing the site.
- Build social capital; maximise opportunities for community benefit in both buildings and services.
- Develop an appropriate business model to support a mixed, collaborative initiative.

6.3.6 Adaptation

While the health system is implementing measures to mitigate climate change, by reducing its emissions and acting more sustainably, this will not protect it from the effects of climate change such as longer and more frequent heat waves, increased flooding, harsher cold snaps and the impact these events will have on healthcare services. Adapting to climate change is a necessary strategy. It will ensure high quality services are maintained during critical climate events, when there might be an influx of patients.

In the UK increases in deaths, disability and injury as a result of climate change are likely to occur from the:

- Increased frequency and severity of hot and cold weather.
- Increased risk of flooding and storms, and subsequent health consequences. These may include contaminated drinking water, exposure to pollutants, water borne infections, injury and psychological issues.
- Increase in infectious diseases, with cases of food poisoning and water borne infections rising.

- Air pollution and respiratory problems from the damaging effects of surface ozone during the summer and mould growth in housing.
- Increased UV radiation leading to an increase in skin cancer, sunburn and cataracts.
- Insect-borne disease from increases in flies and fleas (although malaria outbreaks are likely to be rare).

These effects are already starting to appear. In 2003, the major heat wave in Europe caused more than 23,000 premature deaths, including almost 11,500 in France alone.

The global impact of climate change will indirectly affect the UK with:

- Disruption to travel through heat waves and flooding affecting transport infrastructure.
- Crop failures causing food insecurity through rising food prices and possibly food shortages.
- Resource conflict over water, land and food supplies, and major flooding, leading to mass migration, creating potentially huge numbers of displaced people.

6.3.7 Models of care

The number of people living with one or more long term health condition is rising fast and we need to make sure we are in a position to manage future demand.

In some parts of the country, health and social care teams have found that by identifying who is most at risk, working more closely together to support those people at an earlier stage, and providing information to help people to take better care of themselves, they can start to address this issue head-on. They've found that this more streamlined, joined-up approach often leads to services which people and their families and carers say are better for them. And it can mean fewer people ending up in hospital or needing to move into residential care.

This is the approach we are taking in Harrogate and Rural District. GPs, health workers and social care staff will increasingly be working side-by-side in close knit teams, identifying levels of risk, sharing information and taking a joint approach to supporting older people and those with long-term conditions in close partnership with the voluntary and community sector and independent sector.

The purpose of the Harrogate and Rural District **Integrated Care Transformational Programme** is to remodel community health, social, primary and voluntary care services to deliver a more integrated, effective and efficient community health, primary and social system of staff and infrastructure to support people with long term conditions at home or in a community facility, ensuring that people are cared for at the right time in the most appropriate setting.

The aims are to develop a single assessment process, a single referral process, appropriate use of assistive technologies such as risk profiling, and improved access to specialist medical, nursing, mental health and therapy services.

7 CCG SUSTAINABILITY OBJECTIVES

The Sustainable Development Management Plan will assist the CCG to fulfil its commitment to conducting all aspects of its activities with due consideration to sustainability, whilst commissioning high quality patient care. The key objectives are:

Area	Objective
Governance	<ul style="list-style-type: none"> • Embed sustainability within the CCG's policies and procedures and reinforcement of Governing Body level commitment and responsibility. Raise awareness of sustainability across the workforce. • Work in partnership with local groups (e.g. Health and Wellbeing Boards, Local Strategic Partnership) to support sustainable development and better prepare and adapt to the predicted effects of a future changing climate. • Complete the Good Corporate Citizenship Self Assessment Tool to set a baseline and identify opportunities for improvement. • Review the plan on an annual basis and report on sustainability in the CCG Annual Report
Travel	<ul style="list-style-type: none"> • Reduce car usage by staff, encouraging the use of remote communication in place of face to face meetings and encouraging home working. • Promote active travel. • Identify and encourage low carbon models of care through procurement and commissioning e.g. care closer to home, telemedicine, videoconferencing.
Procurement	<ul style="list-style-type: none"> • Commission health services which are environmentally, socially and economically sustainable . • Through the contracting processes ensure that the providers of services commissioned by the CCG are complying with national and local requirements on sustainability, including carbon reduction.
Facilities Management	<ul style="list-style-type: none"> • Develop plans to reduce energy and water demand and to minimise waste e.g. paper light and paper saving; reduce, recycle and reuse.
Workforce	<ul style="list-style-type: none"> • Raise awareness of sustainability across the workforce.
Community Engagement	<ul style="list-style-type: none"> • Understanding the local community and involving its members, through various forums, in re-design, decision making and scrutiny.
Buildings	<ul style="list-style-type: none"> • Consider all relevant sustainability issues in the design and operation of new or refurbished buildings to reduce waste, energy and resource use.
Adaptation	<ul style="list-style-type: none"> • Meet health needs of local population caused by the changing environmental, social and financial climate. • Contribute to the development of strategic multi-agency plans for responding to emergencies in partnership with the Local Health Resilience Partnership (LHRP).
Models of Care	<p>Long Term Conditions and Urgent Care</p> <ul style="list-style-type: none"> • Improved support to patients with long terms conditions to remain well at home; • Better continuity of care; Reduced need to attend A&E; • Improved patient experience of urgent care <p>Planned, safe, effective care</p> <ul style="list-style-type: none"> • Better use of hospital services • Improved patient reported patient outcome measures <p>Vulnerable people</p> <ul style="list-style-type: none"> • Better access to the right services • Care closer to home • Increase in the number of patients dying in their place of choice <p>Health and wellbeing</p> <ul style="list-style-type: none"> • Improved health of the population • Increased partnership working

APPENDIX 1 RESOURCES

NHS Sustainable Development Unit (SDU)

Commissioning for Sustainable development
Fit for the Future – scenarios for low-carbon healthcare 2013
Sustainability in the NHS: Health Check 2012
Sustainable Development Management Plan Guidance
Adaptation to Climate Change for Health and Social Care Organisations
A Guide to Sustainable Development for Clinical Commissioning Groups
GPs and Sustainability – 5 to Survive series of SDU documents
Commissioning for Sustainability – what GP consortia need to know
NHS Carbon Reduction Strategy
Management Plan (SDMP) Guidance – Guidance for writing a board level SDMP
Procuring for Carbon Reduction (P4CR)
Examples of NHS organisations embracing more sustainable practices
Sustainability Reporting Framework
Carbon Footprinting Pharmaceuticals and Medical Devices

NHS SDU and Royal College of General Practitioners

A Guide to Sustainable Development for Clinical Commissioning Groups

Health Protection Agency

Health Effects of Climate Change in the UK 2012

The King's Fund

Sustainable health and social care: connecting environmental and financial performance by Chris Naylor and John Appleby 2012

Harrogate and Rural District Clinical Commissioning Group

Integrated Commissioning Plan 2012 – 16
Organisational Development Plan 2012 – 16
The One Year Plan 2013 to 2014
Our Five Year Ambition 2013 to 2017
Patient Prospectus 2013/14
Ethical / Sustainable Procurement Strategy

APPENDIX 2 LEGAL REQUIREMENTS

Below is a summary of the statutory, regulatory and policy requirements.

The **Social Value (Public Services) Act 2012**, in force from early 2013, will include a duty to consider social value ahead of procurement involving public services contracts (within the meaning of the Public Contracts Regulations 2006). This means CCGs must consider how they might use contracts to improve the economic, social and environmental wellbeing of their communities.

The **Climate Change Act 2008** includes a legal requirement for the UK to reduce carbon emissions by 80% by 2050. For the NHS to meet this, an interim target has been set for the NHS to reduce emissions by 10% by 2015 from a 2007 baseline. It is not yet clear how this will apply to CCGs, for whom no 2007 baseline exists.

The **NHS Carbon Reduction Strategy** asks all NHS organisations to sign up to the Good Corporate Citizenship Assessment Model and to produce a Board-approved Sustainable Development Management Plan (SDMP).

The **Civil Contingencies Act 2004** requires all NHS organisations to prepare for adverse events and incidents, to undertake risk assessments, and to ensure Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements.

HMT Sustainability Reporting Framework: the Government Financial Reporting Manual (FRoM), the basis for NHS annual financial reporting, includes mandatory sustainability reporting.

The **NHS Annual Governance Statement**, an annual reporting requirement for NHS organisations, includes mandatory disclosures on climate change adaptation and mitigation to ensure risks have been assessed and plans are in place to comply with the Climate Change Act and the Civil Contingencies Act.

The **Carbon Reduction Commitment Energy Efficiency Scheme (CRC)** is a mandatory energy efficiency scheme affecting the majority of NHS organisations. The scheme's aim is to improve energy efficiency, reduce carbon emissions and save organisations money by cutting fuel bills. It will also help drive changes in behaviour and infrastructure and generate corporate awareness of emissions. Participating trusts are required to report their baseline energy use and their carbon emissions in their annual reports.

The **European Union Emissions Trading System (EU ETS)** was the first large emissions trading schemes in the world. Launched in 2005 to combat climate change it requires participating organisations to monitor and report their CO₂ emissions. Members of the scheme are given an emissions allocation. At the end of each year they are required to account for their actual emissions. Installations can emit more than their allocation by buying allowances from the market. Similarly, an installation that emits less than its allocation can sell its surplus allowances. The environmental outcome is not affected because the amount of allowances allocated is fixed.

APPENDIX 3 SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body Report, service development or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this development is likely to have on sustainability.

Title of the document	
What is the main purpose of the document	
Date completed	
Completed by	

Domain		Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	<p>Will it provide / improve / promote alternatives to car based transport?</p> <p>Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?</p> <p>Will it reduce 'care miles' (telecare, care closer) to home?</p> <p>Will it promote active travel (cycling, walking)?</p> <p>Will it improve access to opportunities and facilities for all groups?</p>			
Procurement	<p>Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?</p> <p>Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?</p> <p>Will it promote ethical purchasing of goods or services?</p> <p>Will it promote greater efficiency of resource use?</p>			

	<p>Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?</p> <p>Will it support local or regional supply chains?</p> <p>Will it promote access to local services (care closer to home)?</p> <p>Will it make current activities more efficient or alter service delivery models</p>			
Facilities Management	<p>Will it reduce the amount of waste produced or increase the amount of waste recycled?</p> <p>Will it reduce water consumption?</p>			
Workforce	<p>Will it provide employment opportunities for local people?</p> <p>Will it promote or support equal employment opportunities?</p> <p>Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?</p> <p>Will it offer employment opportunities to disadvantaged groups?</p>			
Community Engagement	<p>Will it promote health and sustainable development?</p> <p>Have you sought the views of our communities in relation to the impact on sustainable development for this activity?</p>			
Buildings	<p>Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?</p> <p>Will it increase safety and security in new buildings and developments?</p> <p>Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?</p> <p>Will it provide sympathetic and appropriate landscaping around new development?</p> <p>Will it improve access to the built environment?</p>			
Adaptation to	<p>Will it support the plan for the likely effects of</p>			

Climate Change	climate change (e.g. identifying vulnerable groups; contingency planning for flood, heatwave and other weather extremes)?			
Models of Care	<p>Will it minimising 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?</p> <p>Will it promote prevention and self-management?</p> <p>Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?</p> <p>Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?</p>			